



12-14-05

RCE # *[initials]*

Atty. Dkt. No. 355908-3100

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Anthony E. BOLTON, et al.

Title: APOPTOTIC ENTITIES  
FOR USE IN TREATMENT  
OF ENDOTHELIUM  
DYSFUNCTION  
DISORDERS

Appl. No.: 09/866,569

Appl. Filing Date: May 25, 2001

Examiner: C. Yaen

Art Unit: 1643

<b>CERTIFICATE OF EXPRESS MAILING</b>	
I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.	
EV 643 730 365 US	12 December 2005
(Express Mail Label Number)	(Date of Deposit)
Susana Salto	
(Printed Name)	
<i>S. Salto</i>	
(Signature)	

**REQUEST FOR CONTINUED EXAMINATION (RCE)**  
**TRANSMITTAL**

Mail Stop RCE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application. This RCE and the enclosed items listed below are being filed prior to the earliest of: (1) payment of the issue fee (unless a petition under 37 C.F.R. § 1.313 is granted); (2) abandonment of the application; or (3) the filing of a notice of appeal to the U.S. Court of Appeals for the Federal Circuit under 35 U.S.C. §141, or the commencement of a civil action under 35 U.S.C. §145 or §146 (unless the appeal or civil action is terminated).

1. Submission required under 37 C.F.R. §1.114: (check items that apply)

Enclosed are:

12/15/2005 HBIZUNES 00000052 09866569

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395.00 OP

- ☒ Supplemental Information Disclosure Statement.
- ☒ Form PTO/SB/08 with copies of 1 listed reference(s).
- ☒ Substitute Declaration. In response to the Notice of Informal Application attached to the Notice of Allowance, Applicants enclose herewith a new oath with dated signature.

The filing fee is calculated below:

	Claims as Amended	Previously Paid For	Extra Claims Present	Rate	Fee Totals
RCE Fee 1.17(e):				\$790.00	= \$790.00
Total Claims:	20	- 20	=0	x \$50.00	= \$0.00
Independents	2	- 3	=0	x \$200.00	= \$0.00
First presentation of any Multiple Dependent Claims:				+ \$360.00	= \$0.00
CLAIMS FEE TOTAL:					= \$790.00
[ X ]	Small Entity Fees Apply (subtract ½ of above):				\$395.00
TOTAL FEE:					\$395.00

- ☒ Check #1480 in the amount of \$395.00 to cover the filing fee is enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 12 December 2005

By Karen E. Flick

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Customer Number: 38706  
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Facsimile: (650) 856-3710

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